

TENNESSEE HIGHWAY PATROL D.A.R.E. TRAINING CENTER

APPLICATION for D.A.R.E. OFFICER TRAINING

| | | | | | | | |
|---|--|--|------------------------|---|--|--|--|
| PARTICIPANT | | | (PLEASE TYPE OR PRINT) | | | S.S. #: - - | |
| Last Name: | | First: | | M.I.: | | Rank: | |
| AGENCY INFORMATION | | | | | | | |
| Agency: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | Zip Code: | | E-Mail: | |
| Telephone: | | | Fax: | | | Pager: | |
| Agency Head: | | | | | | Title: | |
| PERSONAL INFORMATION | | | | (TO BE COMPLETED BY THE OFFICER) | | | |
| Home Address: | | | | | | Telephone: | |
| City: | | | | State: | | Zip Code: | |
| Do you smoke? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <i>All sleeping rooms are non-smoking.</i> | | | |
| Your name as you wish it to appear on your name tag: (NO NICKNAMES) | | | | | | | |
| Your name as you wish it to appear on your certification: | | | | | | | |
| Do you have any significant health problems? | | <input type="checkbox"/> YES <i>IF YES, DESCRIBE BELOW:</i> | | <input type="checkbox"/> NO | | | |
| In case of emergency, contact: | | | | | | Relation: | |
| Location: | | | | | | Telephone: | |
| EDUCATIONAL EXPERIENCE | | | | | | | |
| <input type="checkbox"/> High School | | <input type="checkbox"/> Some College - hrs. completed _____ | | <input type="checkbox"/> Bachelors Degree | | <input type="checkbox"/> Doctorate | |
| <input type="checkbox"/> GED | | <input type="checkbox"/> Associates Degree | | <input type="checkbox"/> Masters Degree | | <input type="checkbox"/> Other | |
| LAW ENFORCEMENT EXPERIENCE | | | | (ANSWER ALL QUESTIONS CAREFULLY AND ACCURATELY) | | | |
| I am a certified, full-time, commissioned/sworn officer with full enforcement authority: | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Date of certification as a commissioned/sworn officer by the P.O.S.T. Commission: | | | | | | | |
| If less than 2 years experience, date of employment with your current department: | | | | | | | |
| If less than 2 years experience with your current department, total full-time commissioned service with other departments: | | | | | | | |
| list name of department and dates employed: | | | | 1 | | | |
| | | | | 2 | | | |
| | | | | 3 | | | |
| | | | | 4 | | | |
| I am currently assigned to: | | | | | | | |
| <input type="checkbox"/> UNIFORM/PATROL | | <input type="checkbox"/> JUVENILE | | <input type="checkbox"/> NARCOTICS | | <input type="checkbox"/> GREAT | |
| <input type="checkbox"/> SRO | | <input type="checkbox"/> PUBLIC INFORMATION | | <input type="checkbox"/> INVESTIGATIONS | | <input type="checkbox"/> OTHER | |
| <input type="checkbox"/> COMMUNITY POLICING | | | | | | | |
| TO BE COMPLETED BY THE AGENCY HEAD | | | | | | | |
| Our agency will use the officer/applicant during the next school semester: | | | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| The officer will be used to instruct D.A.R.E.: | | | | <input type="checkbox"/> FULL TIME | | <input type="checkbox"/> PART-TIME | |
| The officer will be given sufficient time to properly instruct D.A.R.E.: | | | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| I understand the officer must teach in the uniform of the patrol division : | | | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| I understand the D.A.R.E. Officer Training is a comprehensive training that demands the undivided attention of the officer, and I am aware that attendance of all classroom sessions is mandatory : | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| I understand the officer must successfully demonstrate the knowledge, attitude, and skills necessary to effectively deliver the D.A.R.E. curriculum in order to become certified: | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

(SIGNATURES REQUIRED ON LAST PAGE)

TO BE COMPLETED BY THE APPLICANT/OFFICER

| | | | | | | |
|--|---|-----|--------------------------|----|-------|-----------|
| I understand D.A.R.E. is an assignment which requires wearing the uniform of the patrol division : | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| I will be instructing D.A.R.E.: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME | | | | | | |
| I will teach D.A.R.E. in the next school semester: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| A school/police participation agreement has been executed between my agency and the school: * the agreement must be attached to this application | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| I understand that attendance at all classroom sessions is mandatory: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| My calendar is cleared of any and all obligations, including court appearances, during this two-week training: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| Have you previously attended a D.A.R.E. Officer Training? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| If yes, list date and location: | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">DATE:</td> <td style="width: 50%;">LOCATION:</td> </tr> </table> | | | | DATE: | LOCATION: |
| DATE: | LOCATION: | | | | | |

APPLICATION SURVEY

| | | | | | | | | |
|---|---|--|---------------------------|---|--|--|---|--|
| I am attending the D.A.R.E. Officer Training because: | | | | | | | | |
| <input type="checkbox"/> I have requested to attend | <input type="checkbox"/> I have been ordered to attend | <input type="checkbox"/> Other | | | | | | |
| Please describe how you were selected (appointment, competitive process, etc.). | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">My knowledge of D.A.R.E.:</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I know very little about the program</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I have some knowledge about the program</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> I have a good understanding of the program</td> <td></td> </tr> </table> | | | My knowledge of D.A.R.E.: | <input type="checkbox"/> I know very little about the program | <input type="checkbox"/> I have some knowledge about the program | | <input type="checkbox"/> I have a good understanding of the program | |
| My knowledge of D.A.R.E.: | <input type="checkbox"/> I know very little about the program | <input type="checkbox"/> I have some knowledge about the program | | | | | | |
| | <input type="checkbox"/> I have a good understanding of the program | | | | | | | |
| Please write a paragraph stating your reasons for wanting to be a D.A.R.E. officer. | | | | | | | | |
| In how many schools and classes will you be teaching during the next semester? | | <table border="1" style="width: 100%;"> <tr> <td>SCHOOLS:</td> </tr> <tr> <td>CLASSES:</td> </tr> </table> | SCHOOLS: | CLASSES: | | | | |
| SCHOOLS: | | | | | | | | |
| CLASSES: | | | | | | | | |

AUTHORIZATION FOR APPLICATION

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|--|-------|
| The undersigned have read and do agree to abide by all Policy and Procedures set forth by <i>D.A.R.E. America</i> and the Tennessee <i>D.A.R.E. Training Center</i> . Failure to do so could result in loss of officer certification and copyright violation prosecution. (Policy and Procedures furnished upon request.) | |
| Officer/Applicant Signature: | DATE: |
| Agency Head's Signature: | DATE: |

Mail completed Application and Agreement to:

Tennessee Highway Patrol
 D.A.R.E. Training Center
 275 Stewarts Ferry Pike
 Nashville TN 37214